



Presumptive Eligibility for Pregnant Women

Name				
Last	First	Middle		
Are you a WY Resident?Yes	No			
If you are not a Wyoming Resident,	, the Qualified Provide	r cannot determine your p	resumptive eligibility.	
Date of BirthMonth/Day/Year		Social Security Number		
Home Address				
Mailing Address	Ci	ity State	Zip	
	If different than Home Ad			
Home Phone ()		Work Phone ()		
Cell Phone ()		Message Phone ()		
Email Address				
Are you married?YesNo				
Do you have health insurance?Y	esNo Name of in	surance provider		
When is the baby due?H	ow many babies are due	? Is this your first pregn	ancy? YesNo	
What is your monthly gross income?	\$			
If married, what is your husband's mo	onthly gross income? \$_			
How many children, under the age of	18, live in your home? _			
If you are under 18 and live with your	parent(s), how many pa	rents do you live with?		
Is either of them employed?Yes	No What is your p	parent's monthly gross incom	me? \$	
Signature		Date		

January 2014

Medicaid Eligibility Unit